

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE SYSTEMS BRANCH**

In re: Francine Marshall, H/C

Petition No. 2006-0608-020-016

**REINSTATEMENT CONSENT ORDER**

WHEREAS, Francine Marshall of East Windsor, Connecticut (hereinafter "respondent") has been issued license number 036408 to practice hairdressing and cosmetology by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 387 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent's license expired on January 31, 2005, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. Respondent's license lapsed due to non-renewal on January 31, 2005. From February 1, 2005 through the present time she has engaged in the practice of hairdressing and cosmetology without a valid Connecticut license.
2. That the conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-17 and 20-252 of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. She waives her right to a hearing on the merits of this matter.

2. Respondent's license to practice hairdressing shall be reinstated when she satisfies the requirements for reinstatement of her license, as set forth in §§ 19a-14-1 through 19a-14-5, inclusive, of the Regulations of Connecticut State Agencies, and this Reinstatement Consent Order is executed by all parties.
3. Respondent shall pay a civil penalty of one hundred dollars (\$100.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check. Said civil penalty shall be payable at the time respondent submits this executed Reinstatement Consent Order to the Department.
4. Immediately upon issuance, respondent's license shall be reprimanded.
5. Respondent shall comply with all federal and state statutes and regulations applicable to her license.
6. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
7. Respondent shall notify the Department of any change in her home and/or business address within fifteen (15) days of such change.
8. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Systems Branch of the Department.
9. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Examining Board for Barbers, Hairdressers and Cosmeticians in which (1) her compliance with this Reinstatement Consent Order is at issue, or (2) her compliance with §20-252 of the General Statutes of Connecticut, as amended, is at issue.

10. This Reinstatement Consent Order and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes provided that this stipulation shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.
11. This Reinstatement Consent Order is a revocable offer of settlement, which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
12. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
13. Respondent has the right to consult with an attorney prior to signing this document.
14. This Reinstatement Consent Order is a matter of public record.
15. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.

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I, Francine Marshall, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.


  
Francine Marshall, H/C

Subscribed and sworn to before me this 10<sup>th</sup> day of July 2006.

**SCOTT A. STORMS**  
**NOTARY PUBLIC**  
MY COMMISSION EXPIRES JUNE 30, 2009

  
Notary Public or person authorized  
by law to administer an oath or  
affirmation

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 12<sup>th</sup> day of July \_\_\_\_\_ 2006, it hereby ordered and accepted.

  
Jennifer L. Filippone, Section Chief  
Practitioner Licensing and Investigations Section  
Healthcare Systems Branch

/js

reinstatement.co

# MEMORANDUM

## CIVIL PENALTY

TO: Office of Practitioner Licensing and Certification  
Remittance Section


FROM: Legal Office

CASE: Name Francine Marshall  
Address 230 So. Windsor St. Apt. H6  
East Windsor, Ct. 06081

PETITION #: 2006-0608-020-016

This is to inform you that this office has received the civil penalty in the amount of  
\$ 100.00, pursuant to the CONSENT ORDER ~~OF MEMORANDUM OF DECISION~~  
in the above referenced matter.

*Red 7/10/06*

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK PRINTED ON THE BACK, THE FRONT OF THIS DOCUMENT HAS A MICRO-PRINT SIGNATURE LINE. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.	
 <b>Webster Bank</b>	2119647
Webster Plaza Waterbury, CT 06702	00012 112205
07/10/2006	
<b>OFFICIAL CHECK</b>	
ISSUED BY: TRAVELERS EXPRESS COMPANY, INC. P.O. BOX 9476, MINNEAPOLIS, MN 55480	
DRAWEE: FIRST INTERSTATE BANK HELENA, MT	
DRAWER: WEBSTER BANK, N.A.	
*****\$100.00	
93-541 920	
PAY TO THE ORDER OF	
TREASURER, STATE OF CONNECTICUT	
**100 DOLLARS AND 00 CENTS**	
REMITTER	AUTHORIZED SIGNATURE
PET # 2006-060-020-016	<i>Alexandra Carr</i>
AUTHORIZED SIGNATURE (TWO SIGNATURES REQUIRED OVER \$25,000)	

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